

Exhibit A
(Executed Process in the State Action)

1. Citation Evidencing Service on Defendant Pinnacle Health Facilities XV, LP d/b/a Brookhollow Heights Transitional Center via Certified Mail
2. Return Certified Mail Green Card Indicating Service on Defendant Pinnacle Health Facilities XV, LP d/b/a Brookhollow Heights Transitional Center Via Certified Mail

EXHIBIT A – 1

406 DUBO 0001 0732 6908

P2

CAUSE NO. 201815673

RECEIPT NO.

75.00

CTM

TR # 73471906

PLAINTIFF: GRIFFIN, LORIS

vs.

DEFENDANT: PINNACLE HEALTH FACILITIES XV LP (D/B/A BROOKHOLLOW HEIGHTS)

In The 334th
Judicial District Court
of Harris County, Texas
334TH DISTRICT COURT
Houston, TX

CITATION (CERTIFIED)

THE STATE OF TEXAS
County of HarrisTO: PINNACLE HEALTH FACILITIES XV LP (D/B/A BROOKHOLLOW HEIGHTS
TRANSITIONAL CENTER) (A LIMITED PARTNERSHIP)
BY SERVING ITS REGISTERED AGENT ROBERT J RIEK

5500 W PLAZA PARKWAY SUITE 2010 PLANO TX 75093

Attached is a copy of PLAINTIFF'S ORIGINAL PETITIONThis instrument was filed on the 9th day of March, 2018, in the above cited cause number and court. The instrument attached describes the claim against you.

YOU HAVE BEEN SUED, You may employ an attorney. If you or your attorney do not file a written answer with the District Clerk who issued this citation by 10:00 a.m on the Monday next following the expiration of 20 days after you were served this citation and petition, a default judgment may be taken against you.

TO OFFICER SERVING:

This citation was issued on 12th day of March, 2018, under my hand and seal of said Court.

Issued at request of:

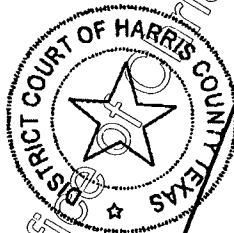
HARDMON, GREGORY COLLINS

PO BOX 8055

HOUSTON, TX 77288

Tel: (214) 243-9526

Bar No.: 24074357



Chris Daniel

CHRIS DANIEL, District Clerk

Harris County, Texas

201 Caroline, Houston, Texas 77002

(P.O. Box 4651, Houston, Texas 77210)

Generated By: THOMAS, LISA BE9//10900374

CLERK'S RETURN BY MAILING

Came to hand the _____ day of _____, _____, and executed by mailing to Defendant certified mail, return receipt requested, restricted delivery, a true copy of this citation together with an attached copy of PLAINTIFF'S ORIGINAL PETITION to the following addressee at address:

ADDRESS

Service was executed in accordance with Rule 106

(2) TRCP, upon the Defendant as evidenced by the return receipt incorporated herein and attached hereto at

(a) ADDRESSEE

CAUSE NO. 201815673

RECEIPT NO.

75.00

CTM

TR # 73471906

PLAINTIFF: GRIFFIN, LORIS

vs.

DEFENDANT: PINNACLE HEALTH FACILITIES XV LP (D/B/A BROOKHOLLOW HEIGHTS)

In The 334th
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of Harris County, Texas
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CITATION (CERTIFIED)

THE STATE OF TEXAS
County of HarrisTO: PINNACLE HEALTH FACILITIES XV LP (D/B/A BROOKHOLLOW HEIGHTS
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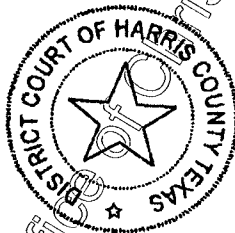
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Issued at request of:
HARDMON, GREGORY COLLINS
PO BOX 8055
HOUSTON, TX 77288
Tel: (214) 243-9526
Bar No.: 24074357

Chris Daniel

CHRIS DANIEL, District Clerk
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201 Caroline, Houston, Texas 77002
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ADDRESS

(a) ADDRESSEE

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(2) TRCP, upon the Defendant as evidenced by the return receipt incorporated herein and attached hereto at

EXHIBIT A – 2

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box*

CHRIS DANIEL, DISTRICT CLERK
HARRIS COUNTY, TEXAS
CIVIL INTAKE
P.O. BOX 4651
HOUSTON, TEXAS 77210

FILED
CHRIS DANIEL
DISTRICT CLERK
HARRIS COUNTY, TEXAS

18 MAR 27 PM 12:56

03-27-18

United States
Postal Service

BY MAIL PROCESSING ADMIN

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PINNACLE HEALTH FACILITIES XV LP (DBA
BROOKMOLLOW HEIGHTS TRANSITIONAL CENTER) BY
SERVING ITS REGISTERED AGENT ROBERT J RIEK
5500 W PLAZA PARKWAY SUITE 2010
PLANO, TX 75093



9590 9402 1973 6123 3654 17

2. Article Number (Transfer from service label)

7016 0600 0001 0732 6908

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Smith, Hunter

C. Date of Delivery

3/22/18

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Mail
☐ Mail Restricted Delivery (00)
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

RECORDER'S MEMORANDUM
This instrument is of poor quality
at the time of imaging.